

Should suicide behaviour be an outcome parameter for mental disorder

*Amresh Shrivastava*¹

¹*Consultant Psychiatrist, Psychosis Program, Regional Mental Health Care, Lawson Health Research Institute, Department of Psychiatry, The Western University, London, Ontario, Canada.
E-mail – dr.amresh@gmail.com*

Suicide and mental illness are closely related to each other. A high number of people who commit suicide suffer from a mental illness, and a high number of mentally ill patients exhibit suicide behavior. Suicide behavior is a significant aspect of mental illness. It is consistently observed throughout the course of illness, seen in the prodromal stage, during acute phase of remission, in residual phase and whenever illness relapses [1]. A number of times, mental disorder improves but suicide behavior persists. 10-15% patients attempt suicide in the initial phase of an illness. More than half of the patients get hospitalized due to suicidal attempt or hospital crisis. Repeated attempt of suicide in patients with mental disorder is minimum two- to three- times more. There is a strong interplay between mental disorder and suicide behavior. In western culture, mental disorder is relatively more commonly reported than in eastern culture. Most of the reports indicate that more than 98% patients who commit suicide have more than 1 mental disorder prior to their final attempt [2]. Suicide behavior is particularly more common amongst individuals suffering from a severe mental disorder, for e.g. Schizophrenia, Major depression or bipolar disorder, substance abuse, alcoholism and borderline personality disorder [3].

Suicide behavior is a part of the illness but is not considered as an outcome criterion. Outcome of any illness is measured on parameters of clinical remission, quality of recovery, level of functioning, quality of life, rehospitalization, impact on key relationships, economic cost and utilization of health system, global burden of disease and loss of productivity. This list is categorized into clinical and social outcomes. Suicidal behavior correlates with the clinical and social outcome to a consistent and proportionate degree. Wherever the illness has poor outcome, suicide behavior also recovers poorly and vice versa [4].

In deciding how the outcome status of recovery should be measured. A lot of sophisticated statistical work has undergone in deciding the factors which can accurately predict the outcome. The list of factors, which are of high predictability for good or poor outcome, does not contain suicide behavior. It is generally believed that we are yet far away from finding out accurate measures of deciding the level of recovery [5]. More than half of the patients get hospitalized due to a suicidal attempt or crisis. Repeated attempts of suicide in patients with mental disorder are twice or thrice after the first attempt [6]. Prevalence of suicide behavior is two to three times higher in comorbid disorders (where more than 2 or 3 mental disorders co-exist).

By including suicide behavior in the list of outcome criteria, we expect to have more clear understanding how lives of an individual with mental disorder changes,

in terms of level of functioning and quality of life, chances of rehospitalization and rate of mortality. The cause of death amongst mental disorders are not clearly understood and average life span of a person suffering from severe mental disorder is 10-15 years lesser than general population. Suicidal behavior contributes significantly as "all causes of death". Since Suicidal ideation is strong predictor of attempted/completed suicide, accurate identification of suicidality may help preventing these attempts. And finally prove to be life saving [7].

Since suicide is responsible for a large number of rehospitalization for suicide and relapse by keeping suicide in outcome criteria, a better assessment and probability of relapse will be estimated. The social functioning and quality of life improves to a limited degree in mental illnesses. It is not clear whether persistent ideas of suicide and risk of suicide contributes to poor social function. By identifying suicide behavior as a predictor of outcome (good or bad), level of recovery can be increased by providing appropriate treatment for risk of suicide.

Suicide behavior is an integral part of the most of the serious mental disorders. Many people don't accept the argument of this being an internal part. There is also a thought that suicide behavior is a independent diagnosis. It is an independent psychopathological construct. In this relationship of suicide behavior and mental disorder is consistently observed across the course of illness, as in, in the prodromal state during acute phase in a remitted conditions, in residual phase and whenever illness relapses. A number of situations, mental disorder improves but suicide behavior persists. Outcome of any illness is measured on parameters of clinical remission, quality of recovery, level of functioning, quality of life, rehospitalization, impact on key relative, economic cost and utilization of health system, global burden of disease and loss of productivity. This list is summed up in clinical and social outcomes.

Suicidal behavior also is correlated with clinical and social outcome in a consistent or proportionate degree which means, wherever the illness has poor outcome, suicide behavior also recovers poorly and vice versa. About 50-60% suicide attempters have a mental disorder, and a high number of patients having mental disorder go onto attempt suicide. It is a part of the illness and it remains throughout the illness and the outcome on all parameters is similarly affected by it. Very little attention has been paid to this association, and has not been realized that suicide behavior is not an integral part and does determine the quality of outcome. In the last 15 years, there has been strong focus in conceptualizing response, remission and recovery in order to better understand the influence of mental disorder and overall life of a person. During this period research has come out with significant conclusions. Sophisticated predictors have been defined, outcome is multidimensional, and by clearer understanding of outcome status a better understanding has been sought about how an illness progresses and originates. These predictors or criteria are determining in effectiveness of a particular treatment. Once we know what factors which determine the outcome, we will know the scope of treatment.

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